U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E ( NU6222005 ) )		
A File Number 11 5 (5 3 1 /	2. Fiscal Year Covered From:	
1. File Number U - 1271		
	1 2004 Through: 12 31 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Don E Hursey	Name IAM District 160	
	Labor Organization File Number 014-024	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 2nd Floor	
Street 2801 - 1st Ave #408	Street 9135 15th P1 S	
City Seattle	City Seattle	
State Washington ZIP Code + 4 98121	State Washington ZIP Code + 4 98108	
5. Position in labor organization.  Directing Business Represent	ative	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate	derived income or other economic benefit of lion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the s	laying documents), has been examined by the signatory and is, to the best of the	
Signed Son C Hrrsu	On 8/15/05 206 762 7990 Telephone Number	

Name of Person Filing Don Hursey	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name Automotive Machinists Pension Trust  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 34203  Street 2815 2nd Ave Ste 300  City Seattle  State Washington ZIP Code + 4 98121	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.  3/17-18/2004 Trust Meeting  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Food & Beverage		
	12.b. Amount. \$126		
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or included in which your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
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10. If 9.b, or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	8/16-17/2004 Trust Meeting	
	11.b. Approximate dollar value of such dealing.	
State ZIP Gode + 4	12.a. Nature of interest held or income received.  Lodging & Meals	
	12.b. Amount.	\$887
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	er parts A and B above) vor other thing of value.  14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  10/20/2004 IFEBP Confernece New Orleans		
Street  City  State  ZIF Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Airfare		
	12.b. Amount. \$389		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	5/17/2004 Trust Meeting  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Dinner		
	12.b. Amount. \$76		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such deal 11/11/2004 Trust N  11.b. Approximate dollar val 12.a. Nature of interest he Meals	Meeting  fue of such dealing.	
	12.b. Amount.		\$20
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment,		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  2005 IFEBP Conference Honolulu		
City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Registration and Hotel Deposit		
	12.b. Amount. \$1,900		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  5/17-18/2004 Trust Meeting		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Milage		
	12.b. Amount. \$75		
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

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Name Automotive Machinists Pension Trust	🗶 a. Labor Organiza	ation	
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any PO Box 34203	c. Employer		
Street 2815 2nd Ave Ste 300  City Seattle			
State Washington ZIP Code + 4 98121			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.	
Name	8/02/2004 Trust Me	eeting	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar va	ue of such dealing	
City	12.a. Nature of interest he		
State ZIP Code + 4	Advance		
	12 h Amount		\$2,500
	12.b. Amount.		42,500
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Ccde + 4			
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City ZIP Code + 4	12.a. Nature of interest he Advance			
	12.b. Amount.	\$2,000		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.			
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	12.b. Amount. \$384		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		